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ABSTRACT

This study examined adult attitudes toward infants labeled premature. Fifty-two subjects, including infant specialists, experienced special educators, and preservice special educators, viewed a videotape of 9-month-old infants, each labeled full-term or preterm and male or female. A questionnaire administered after viewing the videotape rated each infant on physical appearance, sociability, cognitive competency, behavior, physical potency, and likeability. A series of 2 (birth status label) x 2 (gender status label) x 3 (group identity) analyses of variance were performed on the rating scales. The three groups rated infants labeled premature or full-term as equally competent in the categories of sociability, cognitive competency, and physical potency. The infant specialists rated the infants as more awake than did the special educators. The preservice special educators rated the labeled premature infants as more cuddly and likable than full-term infants. (Author/JDD)

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Effect of Prematurity Labeling on Caregiver Perceptions of Newborns

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Running Head: Prematurity Labeling on Caregiver Perceptions

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Abstract

Current research indicates that the prematurity label influences adult attitudes toward the infant. The present investigation examined the attitudes of three groups not previously exlored, specifically, infant specialists, experienced special educators, and preservice special educators. Fifty-two subjects viewed a videotape of 9-month-old infants, each labeled full-term or preterm and male or female and completed a twenty-six item questionnaire containing a 7-point scale for rating the infants. A series of 2 (Birth Status) x 2 (Gender) x 3 (Group Identity) analyses of variance were performed on the rating scales. Principle findings were: (1) no significant effect for the three groups for cognitive competency, physical potency, or sociability in rating the infants, (2) infant specialists rated the infants as more awake, and (3) preservice special educators rated labeled premature infants as more cuddly and likable.

Effect of At-Risk Labeling on Caregiver Perceptions of Newborns

The effect upon adult-child interaction of labels associated with at-risk or handicapping conditions in young children has been of concern to many researchers, as well as service providers and advocates. One label which has been the topic of recent investigation is that of prematurity in infancy, of significance in that it implies biological risk. Several studies have demonstrated that the prematurity label influences parent attitudes toward the newborn and consequent parent-infant interactions (Bakeman & Brown, 1980; Cohen & Beckwith, 1979; Crnic, Ragozin, Greenberg, Robinson, & Basham, 1983; Escalona, 1982, 1984; Field, 1979; and Greene, Fox, & Lewis, 1983). Similar effects have been demonstrated with college students (Miller & Ottinger, 1986; Stern & Hildebrandt, 1980, 1984). An issue not previously examined, which is the focus of the present study, is whether perceptions of caregivers outside the home--specifically, teachers, therapists, and other NICU professionals--are similarly influenced by the prematurity label. This issue appears critical in that, under Title 1 (0-2) provisions of P. L. 99-457, infants at biological risk will increasingly begin their educational career as recipients of services provided by these professionals. Further, the Individualized Family Services Plans (IFSP), as well as all related communications with families of 0-2 children served, can be expected to be influenced by beliefs and attitudes

held by professionals involved in contributing to that Plan.

In addition, perceptions based on labels have been found to influence significantly an adult's expectations of a child (Darley & Fazio, 1980, 1984). It is imperative then to investigate the perceptions of the teacher/therapist toward prematurity in view of the interactive relationship between biological risk and caregiving factors and potential long-range effects of early social interactions with significant and influential adults (Kearsley, 1979). Additionally, research on the effect of labeling an infant as premature upon adult attitude and behavior is especially critical in view of the dramatic increase in survival rate of very low birth weight newborns in recent years as NICU procedures have become increasingly sophisticated (Ensher & Clark, 1986). Research bearing on the interaction between premature infants and caregivers is essential to gain a better understanding of the interactive relationship between biological and environmental factors influencing the development of this growing population. Such research will have important implications for (1) implementation of the 0-2 provisions of P. L. 99-457 and (2) preparation of personnel to work with infants who are potential recipients of services under this legislation. The general purpose of the present study then was to determine whether the infant ratings of teachers trained and/or experienced with the newborn/infant population would be affected by the label prematurity.

Method

Subjects

The fifty-two subjects for this investigation comprised three groups of students with various degrees of educational and teaching experience. The three groups were identified as: (a) infant specialists, that is, graduate students preparing to serve infants/newborns identified as at-risk or developmentally disabled, (b) experienced special educators enrolled in graduate coursework, but not pursuing an Infant/Newborn Specialization emphasis and (c) preservice special educators who were undergraduate students intending to major in special education. All the students were enrolled in coursework at a Northern Ohio public unversity during the time of this investigation.

The sample consisted of 43 females and 9 males. Sixteen subjects were enrolled in undergraduate coursework, thirty-two identified as masters students and two seeking a doctoral degree.

Twenty-nine subjects stated that they had previous experience with premature infants. It should be noted that some subjects regarded the casual acquaintance with a family member or friend who had a premature infant as "experience with premature infants;" therefore, interpretation of this variable should be made with caution.

Thirty-five percent had provided or were currently providing special education or therapy services to children aged 0-3, 53% to children aged 4-7 years, 52% to children 8-12 years old and 40% to

students 13-18 years. Regular education experience ranged from 29% with the adolescents, 38% birth to three, 44% 4-7 year olds, and 48% with children 8-12 years old. Percentages were based on subjects selecting all types of previous experience, therefore; inclusion in one or more categories was possible.

Procedures

Each of the fifty-two subjects was shown four 5-minute videotapes of neutrally clothed 9-month old-full-term infants. Each infant stimulus (two boys and two girls) was shown playing with an assortment of non-sex typed toys and labeled either full-term or premature (Birth Status Label factor) and either male or female (Gender Label factor). The order of presentation of infant stimuli was counterbalanced across the two factors so that each infant was presented in each position of the order. After viewing each of the videotape segments, subjects completed a twenty-six item questionnaire containing a 7-point scale for rating the infant.

Upon completion of the last rating scale subjects completed a demographic form. Completing the form at the conclusion of data collection was essential since questions regarding experience with premature infants were included. Presenting these questions prior to the rating segment may prejudice some subjects as to the underlying rationale of the investigation.

Results

The rating scale was grouped into six clusters based upon a series of factor analyses. The characteristic clusters were physical appearance (big/little, large featured/fine featured, and very cute/not very cute), sociability (friendly/shy, happy/sad, and fun to play with/not fun to play with), cognitive competency (smart/dumb and attentive/inattentive), behavior (loud/quiet, pleasant/cranky-fussy, awake/sleepy, well behaved/not well behaved, and cuddly/not cuddly), physical potency (strong/weak, assertive/passive, and fast/slow), and likeability (like very much/not like at all). A series of 2 (birth status label) x 2 (gender status label) x 3 (group identity) analyses of variance with repeated measures were performed on the rating scale items to examine the main and interaction effects.

One-way analysis of variance (ANOVA) was completed to determine if order of presentation affected the subjects' ratings. No significant effects were found for order of presentation.

Gender and Birth Status Label were not found to influence the ratings of the three groups for the cognitive competency, physical potency, or sociability factors. In addition, there were no interactions between birth status label, gender label, or group identity for these items on the rating scale.

Analyses of variance revealed Behavior was significantly related to group identity, F (2, 49) = 7.11, p, <.01. Infant specialists rated the infants, irrespective of Birth Status Label,

as more awake than did graduates, and undergraduates, with mean scores of 6.125, 5.475, and 4.975 respectively. A disordinal interaction between Group Identity and Birth Status Label was found for Behavior. Analysis indicated no difference in the ratings of Infant Specialists and Experienced Special Educators for cuddliness; however, Preservice Special Educators rated infants labeled premature as more cuddly than infants labeled full-term, F (2, 49) = 7.47, p, <.001.

Further analyses indicated a disordinal interaction between Group Identity and Birth Status Label for three of the Likeability items. Infant Specialists and Experienced Special Educators showed no difference in their ratings of labeled premature and full-term infants in the amount liked, desire to take the baby home, and the willingness to babysit or be close to the baby. However, Preservice Special Educators liked infants labeled premature, F (2, 49) = 7.98, p, <.001, were willing to take care of them, F (2, 49) = 3.73, p, <.05, liked to babysit for them, F (2, 49) = 4.18, p, <.05, and be close to them, F (2, 49) = 5.72, p, <.001 more than infants labeled full-term.

Discussion

Prematurity labeling apparently did not influence the perceptions of infants' sociability, cognitive competency, or physical potency by the infant specialists, experienced special educators, or preservice special educators as assessed in this study. The three groups of educators rated infants labeled

premature or full-term as equally competent in these categories.

That graduate students pursuing a specialized program emphasis in Infant/Newborn Development perceived the infants to be more wakeful than did either of the two groups may have reflected their presumably greater knowledge of infant behavior. What was noteworthy was that neither of the two "experienced" groups differentially rated the infants on the basis of preterm versus full-term label designations.

Why undergraduate students, preparing to become special educators (but not necessarily infancy or early childhood specialists), unlike the two experienced groups, indicated a preference for infants labeled premature on Likeability items is a matter for speculation. A possible explanation is response bias based upon social desirability: young persons intending to teach handicapped children perhaps believe they should express preference for being with and caring for infants whose label implies risk for disability. Such a belief would not lead them to expect these infants to be more physically attractive or more competent, however, and the visual evidence may have been sufficiently powerful to preclude the opposite judgment. For these preservice special educators, like their experienced counterparts, it may be that "seeing was believing," irrespective of whether the infant was labeled as premature or as full-term. However, when asked how they themselves would respond to the infants portrayed, these students -- unlike their experienced

counterparts -- may have both abstracted and personalized the questions.

The findings of no perceptual differences for sociability, cognitive competency, or physical potency factors by the infant specialists, experienced special educators, or preservice special educators are encouraging in view of previous research conducted with parents who evidenced prematurity stereotyping in their perceptions of infants. Being alert to these parent perceptions, professionals need to be responsible for facilitating attitudes about the infant that originate from the infant's abilities and not a label. Attitudes of the three groups of educators in this study suggest that these professionals do indeed form beliefs about an infant based on criteria other than a label. It is their task then to provide a model for parents of assessing the at-risk infant on individual abilities and characteristics and not a label. This demonstration by the professional is fertile ground for fostering a positive belief in parents about their at-risk infant.

In addition, through observations of their infants in a supportive environment provided by the trained professionals, stereotypic attitudes a parent may have may dissipate. It should then be the goal of the professional to work jointly with the parent so a cooperative relationship is established between the significant others in the infant's life and decisions are made as

a team based on the child's personal abilities and not an assigned label.

The professional also needs to be aware that the Individualized Family Services Plans (IFSP), with families of 0-2 children served, can be expected to be influenced by beliefs and attitudes held by professionals involved in contributing to that Plan. Results of this study suggested that the professionals might be expected to communicate to the family appropriate perceptions and attitudes regarding the infant.

Additional research must be pursued to better understand the effects of labeling an infant at risk and the influence on caregiver interactions. An extension of the present study would be to observe caregivers and at risk infants in a naturalistic setting to assess the nature of their interactions and if these interactions differ from those of caregivers and low risk infants. Furthermore, further research is warranted regarding the nature of the relationship between the primary caregiver of the at risk infant, usually the mother, and the caregiver in an early intervention setting. Do professionals convey a less biased attitude of the at risk infant, as suggested in this study, in comparison to parents who are more likely to have a stereotypic opinion of the at-risk infant, as suggested by Stern & Hildebrandt (1980, 1984)?

An important issue is that of generalizability. Simply being cognizant of an adult's attitude may not in itself provide

sufficient knowledge regarding the adult's behavior toward the child. Much research needs to be conducted to gain more knowledge of the labeling process and the extent to which, and ways in which, it might influence interactions of caregivers and infants at risk.

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